EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies):	San Diego		Fiscal Year:	2006-07
Program Workplan #:	ALL-3		Date:_	2/28/06
Program Workplan Name:	Walk-in Assessment Center, North County		Page:_	1 of 6
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	241	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Peterson
Client Capacity of Program/Service Expanded through MHSA:		241	Telephone Number:	(619) 563-2715

a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues C. One-Time CSS Funding Expenditures D. Total Funding Requirements	\$113,626 \$31,845 \$145,471 \$145,471 \$66,638	\$0 \$0 \$0	\$0 \$0 \$0	\$113,6 \$31,8 \$145,4 \$145,4 \$66,6
b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues	\$113,626 \$31,845 \$145,471 \$145,471	\$0	\$0	\$113,6 \$31,8 \$145,4 \$145,4
b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue	\$113,626 \$31,845 \$145,471	\$0	\$0	\$113,6 \$31,8 \$145,4
b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue	\$113,626 \$31,845	\$0		\$113,6 \$31,8
b. Medicare/Patient Fees/Patient Insurance c. State General Funds	\$113,626	\$0	\$0	\$113,6 \$31,8
b. Medicare/Patient Fees/Patient Insurance	\$113,626	\$0	\$0	\$113,6
		\$0	\$0	\$113,6
a. Medi-Cal (FFP only)		\$0	\$0	
	\$0	\$0	\$0	:
2. New Revenues	\$0	\$0	\$0	:
h. Total Existing Revenues				
g. Other Revenue				
f. Grants				
e. County Funds				
d. State General Funds				
c. Realignment				
b. Medicare/Patient Fees/Patient Insurance				
a. Medi-Cal (FFP only)				
1. Existing Revenues				
. Revenues				
6. Total Proposed Program Budget	\$723,000	\$0	\$0	\$723,
5. Estimated Total Expenditures when service provider is not known	\$723,000			\$723,
c. Total Program Management		\$0	\$0	
b. New Program Management				
a. Existing Program Management				
4. Program Management				
h. Total Operating Expenditures	\$0	\$0	\$0	
g. Other Operating Expenses (provide description in budget narrative)				
f. Medication and Medical Supports				
e. Rent, Utilities and Equipment				
d. General Office Expenditures				
c. Travel and Transportation				
b. Translation and Interpreter Services				
a. Professional Services				
3. Operating Expenditures				
d. Total Personnel Expenditures	\$0	\$0	\$0	
c. Employee Benefits				
b. New Additional Personnel Expenditures (from Staffing Detail)				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
2. Personnel Expenditures				
f. Total Support Expenditures	\$0	\$0	\$0	
e. Other Support Expenditures (provide description in budget narrative)				
d. Employment and Education Supports				
iv. Other Housing				
iii. Vouchers				
ii. Subsidies				
i. Master Leases				
c. Housing				
b. Travel and Transportation				
a. Clothing, Food and Hygiene				
Client, Family Member and Caregiver Support Expenditures				
Expenditures				
	Health Department	Governmental Agencies	Health Contract Providers	Total
	County Mental	Other	Community Mental	Total
Client Capacity of Program/Service Expanded through MH:				

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

FY 06-07	Fiscal Year:		San Diego	County(ies):
2/28/06	Date:		ALL-3	Program Workplan #
2 of 6	Page:		Walk-in Assessment Center, North County	Program Workplan Name
12	Months of Operation		2. System Development	Type of Funding
New	New Program/Service or Expansion	241	Total Client Capacity of Program/Service:	Proposed
Michelle Peterson	Prepared by:	0	xisting Client Capacity of Program/Service:	Ex
(619) 563-271	Telephone Number:	241	Program/Service Expanded through MHSA:	Client Capacity of Pr
New Michelle Pete	New Program/Service or Expansion Prepared by:	0	I Total Client Capacity of Program/Service:xisting Client Capacity of Program/Service: _	Proposed Ex

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Mental Health Clinician, Licensed	Provides Mental Health Services		4.00		\$0
Registered Nurse	Provides Medication Support and Monitoring		2.00		\$0
	Provides Clerical Support		1.00		\$0
	Provides Medication Support		1.00		\$0
These staff positions are a likely profile for	this workplan. However, the contractor shall propos	e the specific staffing	for this program to be	st meet the program goals.	
					0.0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u> \$0
	Total New Additional Positions	0.00	8.00		\$0
C. Total Program Positions		0.00	8.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2006-07 Page: 3 of 6
Program Workplan #: ALL-3
Date: 02-28-06

Program Workplan Name: Walk-in Assessment Center, North County

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	Description / Justification
A.5	\$723,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2006 - June 30, 2007.
B.2.a	\$113,626	If applicable, new revenues were estimated for EPSDT (FFP only) /Medi-Cal given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.c	\$31,845	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.e	\$145,471	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$145,471	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h).
С	\$66,638	One-Time CSS Funding Expenditures are the sum of the following:
	\$66,638	One-time CSS funding for start-up and implementation expenditures for this program are equivalent to 6 weeks of service operations. Our County has used this method before with new programs and based on our past experience the equivalent of 6 weeks of funding seems to be a sufficient amount for Contractors to purchase most of the equipment and supplies needed for a new program. The majority of start-up funds are budgeted to purchase equipment such as computer hardware, software, cell phones, copier, fax, furniture and other office equipment and transportation for clients (if needed). Additionally, these funds may be used to secure or expand office space. Implementation funds are also needed for program staff to recruit, hire, and train personnel and will be used to develop initial program outreach strategies to get this program up and running. These start-up costs will be expended in the first quarter of FY 06-07 between July 1, 2006 - September 30,2006.
D	\$644,167	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies)	: San Diego		Fiscal Year:	2007-08
Program Workplan #	:ALL-3		Date:	2/28/06
Program Workplan Name	: Walk-in Assessment Center, North County		Page:	4 of 6
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	241	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Client Capacity of Program/Service Expanded through MHSA:		241	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				**
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0 \$0
e. Other Support Expenditures (provide description in budget narrative)	60	# 0	r _O	<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$723,000			\$723,000
6. Total Proposed Program Budget	\$723,000	\$0	\$0	\$723,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	
2. New Revenues	Ψ0	Ψ	Ψ	Ψ
	£442.000			£442.000
a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance	\$113,626			\$113,626
	004.0:-			\$0
c. State General Funds	\$31,845			\$31,845
d. Other Revenue		_	_	\$0
e. Total New Revenue	\$145,471	\$0	\$0	\$145,471
3. Total Revenues	\$145,471	\$0	\$0	\$145,471
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$577,529	\$0	\$0	\$577,529
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies):	San Diego		Fiscal Year:_	FY 07-08
Program Workplan #	ALL-3		Date:_	2/28/06
Program Workplan Name	Walk-in Assessment Center, North County		Page:_	5 of 6
Type of Funding	2. System Development		Months of Operation_	12
Proposed	Total Client Capacity of Program/Service:	241	New Program/Service or Expansion	New
Ex	xisting Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client Capacity of P	rogram/Service Expanded through MHSA:	241	Telephone Number:	(619) 563-2715

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Mental Health Clinician, Licensed	Provides Mental Health Services		4.00		\$0
Registered Nurse	Provides Medication Support and Monitoring		2.00		\$0
Clerical Staff	Provides Clerical Support		1.00		\$0
Psychiatrist Consultant	Provides Medication Support		1.00		\$0
These staff positions are a likely profile for this	workplan. However, the contractor shall propose the	e specific staffing for th	nis program to best me	eet the program goals.	
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	0.00	8.00		\$0
C. Total Program Positions		0.00	8.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2007-08 Page: 6 of 6

Program Workplan #: ALL-3 Date: 02/28/06

Program Workplan Name: Walk-in Assessment Center, North County

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	Description / Justification
A.5	\$723,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
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B.2.e	\$145,471	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$145,471	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h).
D	\$577,529	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.